# CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTE this form.	он Guioe explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST  LARRY  NICHMANE  LAST  BRUNER	MI A- SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	4011 FAWNRIDG		Date Hand-delivered or Date Postmarked
Change of Address	SAN ANTONIO TX	78229	
5 CAMPAIGN TREASURER NAME	TITLE FIRST  JAMES  NICHNAME / LAST  BRUNER	MI Lsuffix	Receipt # Amount = Date Processed  Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT	EA: CITY: STATE: AN ANTONIO TX 7	zp cooe 8 ⊋ ⊋ 9
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/6) 684 5898	EXTENSION	
8 REPORTTYPE  9 PERIOD	January 15 30th day before election  July 15 8th day before election  Month Day Year		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)  Year
COVERED	64 /26 /01 THROU	GH 06/25/	01
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary		General Special
11 OFFICE	OFFICE HELD (ff any)	12 OFFICE SOUGHT (# known)	-
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expendenced to disclose this information on Name	ditures made by others without the candi by if they receive notification of the direct	campaign expanditure
additional pages	Address / PO Box; Apt. / Suits #; City; State; Zi	p Code	
	GO TO P	AGE 2	

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME LAPERY	ALAN	BRUNER	15 ACCOUNT # (Ethics Commission Rers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been mad	tice of political expenditures by political committees to support the candida without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures.	date / officeholder. These expenditures tes and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
	arecure	COMMITTEE CAMPAIGN TREASURER NAME	· · · · · · · · · · · · · · · · · · ·
additional pages	,	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if r	to reportable activity occurred during this reporting period. (Sign efficient bek	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0°1000 JB
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10000
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 0 ====
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1112 73
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 000
19 AFFIDAVIT			
		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.	
MY COMM	E N. BOISSE ISSION EXPIRES CH 13, 2005	Signature of Candid	ate or Officeholder
		<u> </u>	: "
AFFIX NOTARY STAME	/ SEAL ABOVE		4h
Sworn to and subscrit of	0.1	he said LAMY DMNUV  ify which, witness my hand and seal of office.	, this the 20 day
RINII N B	MAGL ministering cath	RENTE N. BOISSE Printed name of officer administering oath Title	of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE AT (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAME			3 ACCOUNT # (EI	nics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDI:_		7 Amount of contribution (\$)	8 In-kind contribution
	CECILIA S. OSHEROW		contribution (\$)	description (if applicable)
4/26/01	6 Contributor address; City; State; Zip Code		10000	
	SAMI ANTONIO TR 78212			C
9 Principal occup	pation (Optional)	10 Employer (Option	al)	1 Y
Date	Full name of contributor Out-of-state PAC (IDIt:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			·	11 :6 N CHIV ON CEO
Principal occup	pation (Optional)	Employer (Option	al)	9 0
Date	Full name of contributor out-of-state PAC (IDIt	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			·
Principal occur	pation (Optional)	Employer (Option	ei)	
Date	Full name of contributorout-of-state PAC (IDP:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation (Optional)	Employer (Option	el)	
Date	Full name of contributorout-of-state PAC (IDIt:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		<u>-</u> -	
Principal occup	pation (Optional)	Employer (Option	<b>a</b> l)	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM A	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDG	ED CONTRIBUTIONS		(FOR FORMS C/OH	SCHEDULE B1, sc-c/OH, sc-spac, a spac)
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAM	/IE		3 ACCOUNT # (EI	hics Commission flers)
4 TO	TAL OF UNITEMIZED PLEDGES: ⇒	<b>\$</b> \$\$	<b>\$</b>	\$ _
5 Date	6 Full name of pledgorout-of-state PAC (IDIK 7 Pledgor address; City; State; Zip Code		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	apation (optional)	11 Employer (option	al)	
Date	Full name of pledgorout-of-state PAC (IDIt Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	upation (optional)	Employer (option	al)	
Date	Full name of pledgorout-of-state PAC (IDIt: Pledgor address; City; State; Zip Code	•	Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation (optional)	Employer (option	al)	<u> </u>
Date	Full name of pledgorout-of-state PAC (IDIK Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation (optional)	Employer (option	al)	•
Date	Full name of pledgorout-of-state PAC (IDR:  Pledgor address; City; State; Zip Code	•	Amount of pledge_(\$)	In-kind description (if applicable)
Principal occ	upation (optional)	Employer (option	al)	
If con	ATTACH ADDITIONAL COPIE tributor is out-of-state PAC, please see inst			ing requirements.

PO	LIT	CAL	<b>EXP</b>	ENDI	TUR	ES
MA	DE	FRO	M PE	ERSO	NAL	<b>FUNDS</b>

SCHEDULE G

The Iнstruction	Guide explains how to complete this form.	1 Total pages Schedule G:
2 FILER NAME LARRY	A. BRUVER	3 ACCOUNT # (Ethics Commission Sters)
4 Date 4/27/01	5 Payee name  KINICOS  6 Payee address; City; State; Zip Code  3740 NW Long 410 SAT 78229	8 Amount (\$)
,	7 Purpose of expenditure (See instructions regarding type of information requ	Reimblinement from political
4/27/01	Payee name  . KINKOS  Payee address; City; State; Zip Code  3740 NW Larp 410 SAT 78229	Amount Tries
	Purpose of expenditure (See instructions regarding type of information requ} $FLYERS$	Reimbursement from political contributions intended
4/27/01	Payee name  EINICOS  Payee address; City: State: Zip Code  3740 Lety 410 SAT 78229	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	Reimbursement from political contributions intended
Date 4/27/01	Payee name  LINICOS  Payee address; City; State; Zip Code  3748 Coop 410 SAT 229	Amount (\$)
, ,	Purpose of expenditure (See instructions regarding type of information req	Reimbursement from political contributions intended
Date	Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See Instructions regarding type of information requ	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED

		NT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS	<b>;</b>	SCHEDU	ILE H
	The Instruction	N Gunz explains how to complete this form.		1 Total pages Sc	hedule H:	
2	FILER NAME			3 ACCOUNT# (I	Ethics Commission filers)	
4	Date	5 Business name		<u> </u>	7 Amou	nt
		6 Business address; City; State; Zip Code		•••••		
8	Purpose of payr required.)	ment (See instructions regarding type of information	9 Complete Candidate / Officehol	e if direct expenditure lder name	e to benefit C/OH Office sought	Office held
		1				
	Date	Business name			Amour (\$)	k
		Business address; City; State; Zip Code	• • • • • • • • •	• • • • • • • •		-
						•
	Purpose of payr required.)	ment (See instructions regarding type of information	⊶ Complete Candidate / Officehol	if direct expenditure der name	s to benefit C/OH Office sought	Office held
	Date	Business name			Amoun	t .
		Business address; City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •		
	Purpose of payr required.)	ment (See instructions regarding type of information	Complete	if direct expenditure der name	to benefit C/OH Office sought	Office held
				***		
	Date	Bueiness name			.Amoun (\$)	3
	;	Bueiness address; City; State; Zip Code		<u>-</u>	:	-
	Dimension of the control of the cont					
	required.)	ment (See instructions regarding type of information	Complete Candidate / Officehol	ilf direct expenditure der name	to benefit C/OH Office sought	Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM A	S NEEDED		

Ţe	es Ethics	Commission P.O. Box 12070	Austri, 1690as 78711-2070	(512)463-0000	1-800-325-850
		NDIDATE / OFFICEI SIGNATION OF FINA		FORM C/C	H-FR
=	The In	struction Guide explains how nplete only if "Report Type" on	to complete this form. page 1 is marked "Final Report"	* ••	
1	C/OH N	IAME		2 ACCOUNT#(E	hics Commission filers)
	4	ARRY ALAN BRU	INER		
3	SIGNA				
	а гер	ort as a final report terminates my can	ns or political expenditures in connection win npaign treasurer appointment. I also und ures without a campaign treasurer appointm	erstand that I may not accept :	any campaign
4		WHO IS NOT AN OFFICEHOI			0 0
					<u>-</u>
	A.	CAMPAIGN FUNDS			OT JUN 2
	Chec	k only one:			J GAT
	垃	•	s or unexpended interest or income earned	from political contributions.	B FRE
		convert unexpended political contribution also understand that I must file an annor unexpended interest or income earn	expended interest or income earned from poons or unexpended interest or income earn ual report of unexpended contributions and ned on political contributions longer than sexpended political contributions and unexpended political contributions and unexpended political contributions and unexpended political contributions.	ed on political contributions to po that I may not retain unexpended ix years after filing this final repo	ersonel use. Find contributions ort. Further, I
	В.	ASSETS			
	Çhec	k only one:			
		I do not retain assets purchased with p	political contributions or interest or other inco	ome from political contributions.	
		may not convert assets purchased with	cal contributions or interest or other income h political contributions or interest or other lose of assets purchased with political contri	income from political contribution	ns to personal
			-	Signature of Candidate	
5	OFFIC	EHOLDER		<u>-</u>	: -

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

Printed on recycled paper

Revised 05/11/2000

Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78/11-20/0	(512)400000 1-00023800
	TE/OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	BRUNER  ADDRESS / POBOX: APT/SUITER: CITY; STATE: ZIP CODE  40 il FAWNR IDGE  5 AN ANYON/O TX 78229	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI  JAMES L.  NICKNAME LAST SUFFIX  BRUNER	Receipt # Amount  Date Processed  Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  6211 CA 1/20 SAN ANTONIO TI	ZIP CODE 78229
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (20) 684-5878	
8 REPORTTYPE	January 15 30th day before election Runoff  July 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROUGH 4/25	Year (70)
10 ELECTION	Month Day Year  S / S / G   Primary	General Special
11 OFFICE	OFFICE HELD (If any)  12 OFFICE SOUGHT (if know  DISTRECT ST	M) SAAI ANYING CITY COUNCIE TX
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the din Name	ndidate's prior consent or approval. ect campaign expenditure. ••

**GO TO PAGE 2** 

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

### (512)463-5800 1-800-325-8506 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH COVER SHEET PG 2 SUPPORT & TOTALS 15 ACCOUNT #(Ethics Commission flors) 14 C/OH NAME M111:54 16 NOTICE · This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report FROM this information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 NO REPORTABLE Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) **ACTIVITY** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 1. 18 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTALS** TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **EXPENDITURE** 3. **TOTALS** TOTAL POLITICAL EXPENDITURES 4. OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LOAN TOTALS 19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code. RENEE N. BOISSE AY COMMISSION EXPIRES MARCH 13, 2005 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

BRUNER , to certify which, witness my hand and seal of office. Title of officer administering oath

POLITION OTHER	CAL CONTRIBUTIONS RTHAN PLEDGES OR LOANS	6	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Iнstruction	ом Guide explains how to complete this form.		1 Total pages this	<u> </u>
FILER NAM	E		3 ACCOUNT# (E	nics Com/hission flers)
Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			 
Principal occ	upation (Optional)	10 Employer (Option:	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			[ [ [
Principal occ	upation (Optional)	Employer (Option	al)	
Qate	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occ	upation (Optional)	Employer (Option	al)	1
Date	Full name of contributor Out-of-state PAC (IDI:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			   
Principal occ	Supation (Optional)	Employer (Option	l nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code		<u>-</u>	
	1			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

•	PLEDGE	D CONTRIBUTIONS RE	CEIVED SAN ANTONO	(FOR FORMS C/OH,	SCHEDULE <b>B1</b> sc-c/oh, sc-spac, & spac)
	The Instruction	GUIDE explains how to complete this form.		1 Total pages this S	chedule B1:
2	FILER NAME	<u>01 MAY</u>	-1 <u>AHH: 54</u> -	3 ACCOUNT # (Ethi	ics Commission filers)
4	тоти	AL OF UNITEMIZED PLEDGES:	<b>\$ \$</b>	<b>\$</b>	\$
5	Date	6 Full name of pledgor Out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
u.		7 Pledgor address; City; State; Zip Code			
10	Principal occup	ation (optional)	11 Employer (option	nal)	
=	Date	Full name of pledgorout-of-state PAC (ID#:		Amount of	In-kind description
		Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
	Principal occup	l pation (optional)	Employer (option	nai)	
	Date	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
-	Principal occup	Leation (optional)	Employer (option	nai)	
	Date	Full name of pledgorout-of-state PAC (IO#: Pledgor address; City; State; Zip Code	9	Amount of pledge (\$)	In-kind description (if applicable)
-	Principal occu	pation (optional)	Employer (option	l l	· · ·
	Date	Full name of pledgorout-of-state PAC (tDif: Pledgor address; City; State; Zip Cod		Amount of pledge (\$)	In-kind description (if applicable)
-	Principal occu	pation (optional)	Employer (option	nal)	
	If cont	ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED additional reporti	ing requirements.

			SCHEDULE E
explains how to complete this form.	4/1/2/1/2/4	Total pages Sched	dule E:
(	MAY -1 Aller	ACCOUNT # (Eth	cs Commission filers)
OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$	₽	\$
7 Name of lender	Out-of-state PAC (ID#:		9 Loan Amount (\$)
8 Lender address; City; State;	Zip Code		10 Interest rate
			11 Maturity date
al			
1.4 Name of guarantor			16 Amount Guaranteed (\$)
15 Guarantor address; City; State;	Zip Code		
	18 Employer		
Name of lender	Out-of-state PAC (ID#:	)	Loan Amount (\$)
Lender address; City; State;	Zip Code		Interest rate
			Maturity date
al			
Name of guarantor			Amount Guaranteed (\$)
Guarantor address; City; State;	Zip Code		
,~	Employer	<del>-</del>	: `
	OF UNITEMIZED LOANS:  7 Name of lender  8 Lender address; City; State;  al  14 Name of guarantor  15 Guarantor address; City; State;  Name of lender  Lender address; City; State;  ral  Name of guarantor  Guarantor address; City; State;	OF UNITEMIZED LOANS: \$\display \display \displefta \din \display \display \display \display \display \display \	OF UNITEMIZED LOANS: \$\displays\$ \$\display

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

	M PERSONAL FUNDS	
The Instruction Guide		dule G:
	explains how to complete this form.	7)
2 FILER NAME	RRY BRUNER 11/1.	ics Commission filers)
4 Date 5 Pa	you name Allied Screen Printing	8 Amount (\$)
4/3/01	yee address; City; State; Zip Code  3700 Blown SIN TALYONIO TX 78212	47635
•	rpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Pa	tyee name EASY DRIVE  tyee address: City; State; Zip Code  906 RV12 ST SAN ANTONIS TX 78207	Amount (\$) 91 69
3	rpose of expenditure (See instructions regarding type of information required.)  STAKES & NAILS	Reimbursement from political contributions intended
Date Pa	Election Support Services	Amount (\$)
4/6/ Pa	ayee address; City: State; Zip Code 4958 Military Drive West	21834
0   0     Pu	SAN ANTONIO TX 78342 upose of expenditure (See instructions regarding type of information required.)  UOTER UST	Reimbursement from political contributions intended
	ayee name EASY DRIVE	Amount (\$)
4/6/01	goe Rulz St SAM ANTONIS TX 18207	6.47
(/ 9/ · / P	Purpose of expenditure (See instructions regarding type of information required.)  States ENAILS	Reimbursement from political contributions intended
Date P	ayee name	Amount (\$)
 P	ayee address; City; State; Zip Code	
P	rurpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended

AUSUII, TEXAS 707 17-2070

Texas Ethics Commission

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  OLITY OF THE PAYMENT				SCHEDULE H	
	The Instruction	GUIDE explains how to complete this form.	1 Total pages Sche	edule H:	
2 FILER NAME			3 ACCOUNT # (Et	nics Commission filers)	
4	Date	5 Business name		7 Amount (\$)	
		6 Business address; City; State; Zip Code			
8	Purpose of payr required.)	ment (See instructions regarding type of information	9 •• Complete if direct expenditure ( Candidate / Officeholder name	to benefit C/OH •• Office sought Office held	
	Date	Business name		Arnount (\$)	
		Business address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held	
	Date	Business name		Amount (\$)	
		Business address; City; State; Zip Code			
	Purpose of payr required.)	ment (See instructions regarding type of information	⊶ Complete if direct expenditure to Candidate / Officeholder name	to benefit C/OH Office sought Office held	
	Date	Business name		.Amount . (\$)	
		Business address; City; State; Zip Code	±		
	Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

Austin, Texas 78711-2070

Printed on recycled paper

Revised 04/03/2000

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

I II E INSTRUCTIO		Schedule I:
FILER NAM	E OTHER STATES TO THE STATES T	# (Ethics Commission filers)
Date	5 Payee name  54  6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City, State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

CRI	EDITS (optional)	RECEIVED	SCHEDULE K
The Ins	TRUCTION GUIDE explains how to complete this form.	7 Total pages Sch	edule K:
2 FILER	NAME		ithics Commission filers)
4 Date	5 Payor name  6 Payor address; City; State; Zip Code		8 Amount (\$)
	7 Reason for credit		-
Date	Payor name Payor address; City; State; Zip Code Reason for credit		Amount (\$)
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		-
Date	Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit  ATTACH ADDITIONAL COPII	ES OF THIS FORM AS NEEDED	



5 OFFICEHOLDER

→ Complete this section only if you are an officeholder →

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

		·
		•
		· :

		TE/OFFICEHOLDER N FINANCE REPORT	01 - 1 CE 13000	FORM C/OH COVER SHEET PG 1
	ne C/OH INSTRUCTION is form.	on Guide explains how to complete	1 ACCOUNTS# (Ethics Commisalor flors)	2 Total pages filed:
	CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST  LARRY	мі A .	OFFICE USE ONLY
	NAME	NICKNAME LAST BRUNER	SUFFIX	· Date Received
	CANDIDATE / OFFICEHOLDER ADDRESS	4011 FAWNRIDGE	CITY; STATE; ZIP CODE	
	Change of Address	SAN ANTONIO	7× 78229	Date Hand-delivered or Date Postmarked
	CAMPAIGN TREASURER NAME	TITLE FIRST  JAMES	М	Receipt # Amount
	TO COLL	NICKNAME LAST	SUFFIX	Date Processed
		BRUNER	i	Date Imaged
	CAMPAIGN TREASURER ADDRESS (Residence or business)	,	ITE#; CITY; STATE; ; SAN ANTONIO	zip code 7メ フ8229
	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (20) 6845898	EXTENSION	
8	REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)
<u> </u>		July 15 Sth day before election	·····	Final report (Attach C/OH - FR)
	PERIOD COVERED	Month Day Year THROL	Month Day 3 Q 6 /	Year / O )
10	ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year  S / S / O) Primary		General Special
11	OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (# Innown	> // / // // / OAF
•	NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign exper Candidates are required to disclose this information o		ct campaign expenditure: ••
EXPENDITURE BY OTHER INDIVIDUALS		Name	_	
. 1	additional pages	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code	
		GO TO I	PAGE 2	

### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH SUPPORT & TOTALS COVER SHEET PG 2 14 C/OH NAME 15 ACCOUNT # (Ethics Commission filers) BRUNER LARRY 16 NOTICE This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures FROM may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report **POLITICAL** this information only if they receive notice of such expenditures. .. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 NO REPORTABLE **ACTIVITY** Check here if no reportable activity occurred during this reporting period. (Sign affidevit below and submit pages 1 and 2 only.) 18 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTALS** 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **TOTALS** 4. TOTAL POLITICAL EXPENDITURES **OUTSTANDING** 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code. RENEE N. BOISSE MY COMMISSION EXPIRES MARCH 13, 2005 signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE

, to certify which, witness my hand and seal of office.

BO155E RENEE Printed name of officer administering oath

Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optional)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

PLEDG	ED CONTRIBUTIONS	-6 -6 111:44	(FOR FORMS C/OH,	SCHEDULE B SC-C/OH, SC-SPAC, & SP/
The Instruct	TION GUIDE explains how to complete this form.	(11)	1 Total pages this	Schedule B1:
FILER NAM	ME		3 ACCOUNT # (Et	nics Commission filers)
то	TAL OF UNITEMIZED PLEDGES:	<b>\$</b> \$ \$ \$	<b>\$</b> \$	\$
Date	6 Full name of pledgorout-of-state PAC (ID 7 Pledgor address; City; State; Zip		8 Amount of pledge (\$)	9 In-kind description (if applicable)
Principal occ	supation (optional)	11 Employer (option	onal)	
Date	Full name of pledgor out-of-state PAC (ID  Pledgor address; City; State; Zip		Amount of pledge (\$)	In-kind description (if applicable)
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Principal occ	cupation (optional)	Employer (optio	nel)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

1	CAL EXPENDITURES	APP	SCHEDULE G
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Sched	ule G: 1
2 FILER NAMI	ELARRY BRUNER	3 ACCOUNT # (Ethic	cs Commission filers)
4 Date	5 Payee name  CTTY OF SAN ANTONIO - CITY CLERK  6 Payee address; City; State; Zip Code  MILITORY PLAZIT  SAN ANTONIO TX 78204  7 Purpose of expenditure (See instructions regarding type of information requ  FILING FEE		Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information requ	Jired.)	Amount (\$)  Reimbursement from political
Date	Payee name		contributions intended  Amount (\$)
	Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information requ	iired.)	Reimbursement from political contributions intended
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Date	Payee name	· · · · · · · · · · · · · · · · · · ·	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	,	Reimbursement from political contributions intended

1	NT FROM POLITICAL CONT USINESS OF C/OH		SCHEDULE H	
The Instruction	ж Guios explains how to complete this form.	01 AT 17 -5 11 1 Tot	al pages Schedule H:	
2 FILER NAM	E		COUNT # (Ethics Commission filers)	
4 Date	5 Business name		7 Amount (\$)	
·	6 Business address; City; State; Zip Code			
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH Office sought Office held	
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				